

# STATEWIDE SPECIAL EDUCATION MEDIATION SYSTEM

## SERVICES REQUEST FORM

|  |                               |
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| <b>I.</b><br><b><u>STUDENT INFORMATION</u></b>   |                               |
| • Student's Name:  | Student's Grade/Program*:     |
| • Student's Age:   | Student's School Division:    |
| <b>II.</b><br><b><u>BACKGROUND INFORMATION</u></b><br><br>Please provide requested information. Enter NA (not applicable) where appropriate. |                               |
| • Date(s) of previous mediations:  |                               |
| • Date of complaints filing:   |                               |
| • Date of due process hearing request:   |                               |
| • Hearing Officer's name:  |                               |
| • Date of expedited hearing request:   |                               |
| • Hearing Officer's name:  |                               |
| <b>III.</b><br><b><u>DISPUTANTS NAMES AND SIGNATURES</u></b>   |                               |
| <b>SCHOOL PERSONNEL</b>  | <b>PARENT/GUARDIAN</b>        |
| _____<br>Signature Print Name  | _____<br>Signature Print Name |
| _____<br>Signature Print Name  | _____<br>Signature Print Name |
| <b>IV.</b><br><b><u>CONTACT INFORMATION</u></b>  |                               |
| <b>SCHOOL REPRESENTATIVE</b>   | <b>PARENT/GUARDIAN</b>        |
| Name:  | Name:                         |
| Mailing Address:   | Mailing Address:              |
| Phone Number:  | Phone Number:                 |
| Fax Number:  | Fax Number:                   |
| E-mail:  | E-mail:                       |

V.

**SUPPORT NEEDS**

**Translation Needs** (Please specify)

**Interpreter Needs** (Please specify)

**Accessibility Needs** (Please specify)

VI.

**SUBMISSION INFORMATION**

Name of Individual Completing Form:

Date of Submission:

\* **If the student is currently enrolled in a special education program, attach the most recent IEP.**

**SEND FORM TO:**

Art Stewart  
Coordinator of Mediation  
Special Education Mediation Service  
Virginia Department of Education  
P.O. Box 2120  
Richmond, Virginia 23218-2120.

[astewart@mail.vak12ed.edu](mailto:astewart@mail.vak12ed.edu)

Telephone: 804-786-0711  
FAX: 804-786-8520